

Columbia Bible College
2940 Clearbrook Rd. Abbotsford, BC V2T 2Z8
604-853-3358 Fax: 604-853-3063
Confirmation of Enrollment Letter Request Form

A. Personal Information

Full Name _____

Phone _____ E-mail _____

Mailing Address _____

Program _____ Year _____

B. Purpose and Special Instructions

Purpose:

Special Instructions:

C. Letter Request and Delivery

_____ Please fax/E-mail my Letter to: Fax #/E-mail _____ Attention: _____

_____ I will pick up my Letter at the Main office in the Resource Centre.

_____ Please Mail my Letter to:
Name and address

D. Student Authorization

I hereby authorize the release of my academic information as per my request above.

Student signature

Print name

Date